

L18000162150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

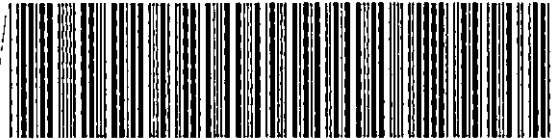
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/16/18--01010--001 \*\*30.00

STATE OF  
DIVISION OF CORPORATIONS  
18 JUL 16 PM 2:53

N COOPER

JUL 18 2018

LOVING PEDIATRICS LLC  
12343 Hagen Ranch Road  
Boynton Beach, FL 33437

July 12, 2018  
11893 Osprey Point Circle  
Wellington, FL 33449  
[mailing address]

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Amendment application

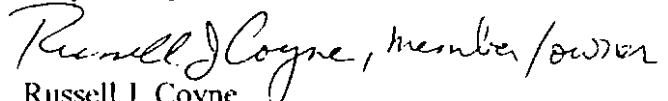
Dear Sir or Madam:

Herewith please find an application for amendments to the LLC organizational documents, including a request for a Certification of Status, and a check in the amount of \$30.00.

**MaryBeth Burton (erroneously listed on the Certification of Members as MaryBeth Burden Coyne by the agent used)** has elected, ab initio, to decline to be a member of the LLC.

Thank you for your anticipated cooperation and prompt attention to this matter.

Respectfully,

  
Russell J. Coyne

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Loving Pediatrics LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russell Coyne

\_\_\_\_\_  
Name of Person

Parents Choice Medical Daycare

\_\_\_\_\_  
Firm/Company

11893 Osprey Pointe Circle

\_\_\_\_\_  
Address

Wellington, FL 33449

\_\_\_\_\_  
City/State and Zip Code

parentschoicemedicaldaycare@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russell Coyne

516 297-7960  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Loving Pediatrics LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 3, 2018 and assigned  
Florida document number L18000162150.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

12343 Hagen Ranch Road Unit 702  
Boynton Beach, FL 33437

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Russell Coyne

New Registered Office Address:

11893 Osprey Point Circle

Enter Florida street address

Wellington

City

Florida 33449

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
member	MaryBeth Burton aka MaryBeth	3030 N. Rocky Point Dr. Ste 150	<input type="checkbox"/> Add
		Tampa, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: 7/3/18 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated July 12, 2018

Russell J. Coyne, Member/Owner  
Signature of a member or authorized representative of a member

Russell J. Coyne

\_\_\_\_\_  
Typed or printed name of signee